AZ CORPORATION COMMISSION FILED

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| AZ Corp. Commi | ssion |
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| | DO NOT WRITE ABOVE TH | IS LINE; RESERVED | FOR ACC USE | ONLY. | | | |
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| | ARTICLES O | F ORGAN | IIZATI | ON | | | |
| | Read the | e Instruction | s <u>L010i</u> | | | | |
| 1. | ENTITY TYPE - check only one to indicate | ENTITY TYPE - check only one to indicate the type of entity being formed: | | | | | |
| | LIMITED LIABILITY COMPANY (entity name must contain the words "Limited Liability Company" or "LLC") | (entity n | ame must c | MITED LIAB ontain the wo Liability Cor | rds | | |
| 2. | ENTITY NAME - see Instructions L010i for full | l naming requ | irements | - give the | exact r | name of the LLC: | |
| | InRange Productions LLC | utertus | | | | | |
| 3. | PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES — if and only if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical): | | | | | | |
| | | | | 10101 | | | |
| 4. | STATUTORY AGENT for service of proces | | | | | | |
| | 4.1 REQUIRED – give the name (can be an Arizona resident or an Arizona-registered entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent: | Į. | 4.2 OPTIONAL - mailing address in Arizona of Statutory Agent (can be a P.O. Box): | | | | |
| Dek | ora J Hampton | | | | | | |
| l | itory Agent Name | 1 | | | | | |
| - Baban | itian (optional) | Attention (aption | (اح | | | | |
| i | 4 E Calle Arroyo Lindo | Wittermon (obcom | dij | | | | |
| | ess 1 | Address 1 | | | | | |
| Addr | ess 2 (optional) AZ 85706 | Address 2 (option | nal) | | ΑŻ | <u> </u> | |
| City | Tucson State Zip | City | | | State | Ζίρ | |
| | 4.3 REQUIRED - the Statutory Agent Acceptance form | 1002 must be s | ubmitted a | long with th | nese Arti | cles of Organization. | |
| <u> </u> | | | | | | | |
| 5. | ARIZONA KNOWN PLACE OF BUSINESS | ADDRESS: | | | | | |
| | 5.1 Is the Arizona known place of business address the same as the street address of the statutory agent? Yes - go to number 6 and continue | | | | | | |
| | ☐ No – go to number 5.2 and continue | | | | | | |
| | 5.2 If you answered "No" to number 5.1, give the physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona: | | | | | | |
| | | | | | | | |
| | Attention (optional) | | | | | | |
| | Address 1 | | | <u> </u> | | | |
| | Address 2 (optional) | | 47 | | | | |
| | | | AZ | 7/0 | | | |
| | Country U.S.A. | | State or Province | Zip | | | |
| | | | | | | | |

| 6. | DURATION – if the duration or life period section and continue to number 7 or number the corresponding blank: | | | | | | |
|-----------------|--|---|--|---|--|--|--|
| | | | | | | | |
| | The LLC's life period will end on this date: The LLC's life period will end upon the occur | | | e) | | | |
| | The blc's me period win end upon the occur | rence or this ev | enc: (describe an event) | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | _ | | | |
| CC | OMPLETE NUMBER 7 OR NUMBER | 8 – NOT B | отн. | | | | |
| 7. | MANAGER-MANAGED LLC – <u>see Instructor</u> LLC will be vested in a manager or manage company) and complete and attach ONLY to members and managers will be listed on the rejected if it is submitted without the attack | ers (meaning he <u>Manager</u> ie Manager S | one or more manage Structure Attachment | rs will run the form L040. (Both | | | |
| 8. | MEMBER-MANAGED LLC – <u>see Instruction</u> LLC will be reserved to the members (mean there is no operating agreement stating oth <u>Structure Attachment form L041</u> . (All mem Attachment.) The filing will be rejected if it | ning all mem nerwise), and bers will be l | bers will run the comp complete and attach isted on the Member | pany together If ONLY the <u>Member</u> Structure | | | |
| 9, | ORGANIZERS and SIGNATURE - the indist he Organizer - list the name of the Organizer individual must sign below. If the Organizer individual acting for that entity, then print to | nizer below. r is a pre-exi | If the Organizer is an sting entity, provide t | Individual, that | | | |
| | The person signing below declares and certifies under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law. | | | | | | |
| | | | | | | | |
| 9rg | Janizer: Debra J Hampton | | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | |
| (1 | (1) -> Sh 20 | | 07/ | /28/2014 | | | |
| Slai | nature | | | <u> </u> | | | |
| | | • | | | | | |
| Prin | ted Name (if different from Organizer) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Mail: A | rizona Corporation Commis | sion | | | |
| Filing Expec | Fee: \$50.00 (regular processing) dited processing – add \$35.00 to filling fee. | 1 0 | orporate Filings Section | | | | |
| | es are nonrefundable - see Instructions. | | 300 W. Washington St., Ph | uenix, Arizona 85007 | | | |

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the hid/vidual needs of your business.

All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

MEMBER STRUCTURE ATTACHMENT

| 1. | ENTITY NAME - give the exact name of the LLC (foreign LLCs - give name in domicile state or country): |
|----|---|
| | InRange Productions, LLC |
| | |

- 2. A.C.C. FILE NUMBER (if known): Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations
- 3. MEMBERS give the name and address of all Members. If more space is needed, use another <u>Member Structure</u>. Attachment form.

| Debra J. Hampton | | | | | <u> </u> | | |
|--|-------------------------|--|-------------|---------------------------|---|-------------|--|
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DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

| 1. | ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation): | | | | | |
|-------------|--|--------------------|--|--|--|--|
| | InRange Productions LLC | | | | | |
| | | | | | | |
| 2. | A.C.C. FILE NUMBER (if entity is already incorporated or registered in A2): L-1935437-0 | | | | | |
| ~' | Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corpo | rations | | | | |
| | | | | | | |
| 3. | STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by entity listed in number 1 above (this will be <i>either</i> an individual or an entity). <i>NOTE</i> - the must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any initial or suffix: | name e | | | | |
| | Debra J Hampton | | | | | |
| | Doors Tampion | | | | | |
| | | | | | | |
| STA | ATUTORY AGENT SIGNATURE: | | | | | |
| - 1. | | | | | | |
| | By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first. | | | | | |
| | The person signing below declares and certifies under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law. | | | | | |
| Sign | Debra J Hampton Printed Name | 07/28/2014 Date | | | | |
| | QUIRED - check only one: | | | | | |
| | Individual as statutory agent: I am Entity as statutory agent: I am significant | | | | | |
| | signing on behalf of myself as the individual behalf of the entity named as statuto | | | | | |
| Ц_ | and I am authorized to act for that en | itity. | | | | |
| | | | | | | |
| Fill | ing Fee: none (regular processing) | | | | | |
| Ex su | pedited processing – (available only if this form is bmitted by itself) add \$35.00 to filing fee. fees are nonrefundable – see Instructions. Mall: Arizona Corporation Commission – Corporate Filing 1300 W. Washington St., Phoenix, Arizona 850 602-542-4100 | | | | | |

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